

SUPPLEMENT ATTACHED

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. <sup>121</sup>  
**467**

Registered No.

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Lower Miami or Village \_\_\_\_\_  
City Miami No. 42 Grover Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Santos Lucero

(If child is not yet named, make supplemental report, as directed.)

## 3. Sex of Child

maleTo be answered ONLY  
in event of plural  
births.

## 4. Twin, triplet or other

5. No., in order of birth

## 6. Legitimate?

yes

## 7. Date

of birth

Nov 1 1928  
Month Day Year

## 8.

## FATHER

Full name

Francisco Lucero

## 9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

## 10. Color or race

Mexican11. Age at last birthday 28 (Years)

## 12. Birthplace (city or place)

(State or country)

Texas

## 13. Occupation

Nature of industry

Laborer, Road pit  
College, Sam

## 14.

## MOTHER

Full maiden name

Aurora Chacon

## 15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona

## 16. Color or race

Mexican17. Age at last birthday 24 (Years)

## 18. Birthplace (city or place)

(State or country)

El Paso  
Texas

## 19. Occupation

Nature of industry

House wife

## 20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child).(a) Born alive and now living 2(b) Born alive but now dead 2(c) Stillborn 0

## 21. Were precautions taken against ophthalmia neonatorum.

yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:15 a m. on the date above stated.  
(Born alive or stillborn)\* When there was no attending physician  
or midwife, then the father, householder,  
etc. should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Given name added from  
a supplemental report

Signature

MD.

(Physician or midwife)

Address

Miami, Arizona

Month, day, year

Filed

Nov 12, 28

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Registrar

Registrar

136-1101-135